SCC eFile	2012 ANNUAL RE COMMONWEALTH OF STATE CORPORATION CO	VIRGINIA	212542855 N	
1.) CORPORATION NAME:		DUE [DATE: 11/30/2012	
Worldwide Information Netw 2.) VA REGISTERED AGENT NA	•		SCC ID NO: F1878869	
C T CORPORATION SYSTEI 4701 COX ROAD SUITE 301	И		5.) STOCK INFORMATION CLASS AUTHORIZED	
GLEN ALLEN, VA 23060		COMV	1,000]
3.) CITY OR COUNTY OF VA RE HENRICO COUNTY	GISTERED OFFICE:	·	·	
4.) STATE OR COUNTRY OF IN MD	CORPORATION:			
6.) PRINCIPAL OFFICE ADDRES	SS:			
ADDRESS: 12018	5 Lee Jackson Memorial Hwy			
CITY/ST/ZIP: Fair	fax, VA 22033			
7.) DIRECTORS AND PRINCIPAL			must be listed. An individector and an officer.	lual
NAME:	George J Pedersen	X OFFICER	X DIRECTOR	
TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICE PRESIDENT 12015 Lee Jackson Mem Hwy Fairfax, VA 22033			
NAME:	Marria M Dhillina	X OFFICER	X DIRECTOR	
TITLE:	Kevin M Phillips TREASURER			
ADDRESS: CITY/ST/ZIP/CO:	12015 Lee Jackson Mem Hwy Fairfax, VA 22033			
NAME		X OFFICER	X DIRECTOR	
NAME: TITLE:	Jeffrey S Brown SECRETARY			
ADDRESS: CITY/ST/ZIP/CO:	12015 Lee Jackson Mem Hwy Fairfax, VA 22033			
		χ OFFICER	DIRECTOR	
NAME: TITLE:	L William Varner PRESIDENT			
ADDRESS:	12015 Lee Jackson Mem Hwy			
CITY/ST/ZIP/CO:	Fairfax, VA 22033		PUREATOR	
NAME:	Louis M Addeo	X OFFICER	DIRECTOR	
TITLE:	VICE PRESIDENT			
ADDRESS: CITY/ST/ZIP/CO:	12015 Lee Jackson Mem Hwy Fairfax, VA 22033			
NA		X OFFICER	DIRECTOR	
NAME: TITLE:	Edmund M Glabus VICE PRESIDENT			
ADDRESS:	12015 Lee Jackson Mem Hwy			

CITY/ST/ZIP/CO:

Fairfax, VA 22033

NAME: TITLE: ADDRES: CITY/ST/2	12010 200 0001	son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRES: CITY/ST/2	12010 200 0001	NT son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRES: CITY/ST/2	12010 200 0001	son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRESS CITY/ST/2		NT son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRESS CITY/ST/2	12010 200 0001	NT son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRES: CITY/ST/2	12010 200 0001	son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRES: CITY/ST/2		NT son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRESS CITY/ST/2	12010 200 0001	NT son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRES: CITY/ST/2	12010 200 0001	r NT son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRESS CITY/ST/2		son Mem Hwy	OFFICER	DIRECTOR	
NAME: TITLE: ADDRESS CITY/ST/2	12010 200 0001	ARY son Mem Hwy	OFFICER	DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					

/s/ John Pireland	John Pireland,	11/5/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.